DOCUMENT RESUME

ED 461 065 CG 028 317

AUTHOR	Sanders, Owen
TITLE	Consultative Processes in a Small Democracy: D.A.R.E. New Zealand.
PUB DATE	1997-00-00
NOTE	9p.; Produced by New Zealand Policy Youth Education Service.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; *Alcohol Education; Children; *Drug Education; Elementary Secondary Education; Foreign Countries; *Maori; *Maori (People); *Prevention; Public Opinion; Substance Abuse
IDENTIFIERS	*Drug Abuse Resistance Education Program; New Zealand

ABSTRACT

This paper outlines the approach to drug abuse education being taken by D.A.R.E. (Drug Abuse Resistance Education) New Zealand, a distinctly indigenous response characterized by a consultative association involving the police, the schools, and the community. A key feature of D.A.R.E. New Zealand is the extent to which parents and the wider community became involved in and committed to the program. The program developed in a certain historical and economic context and the history of that development is reported here. The paper outlines the approach to drug abuse education being taken by D.A.R.E. New Zealand, a distinctly indigenous response characterized by a consultative association involving the police, the schools, and the community. Developments leading up to the adoption of the programs, such as making schools responsible for choosing a drug education program and which culminated in political, regulatory, and economic changes during the 1980s, are reviewed. So far, six national programs have been released. The development of the program in the Maori language, with the cooperation of the Maori people, is reported, as is the overwhelming evidence from those schools that welcomed police education officers into their classrooms. The collaboration improved the effectiveness of teachers and officers. A skillful adaptation of the D.A.R.E. idea to the culture of policing and the pedagogical climate of schools in New Zealand was achieved. (Contains 11 references.) (EMK)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 461 065

Consultative Processes In a Small Democracy: D.A.R.E. New Zealand

Owen Sanders Q.S.M.
National Manager of the Police Youth Education Service.
Chair of the D.A.R.E. Foundation of New Zealand.

Negative effects from the misuse of drug substances are evident in most contemporary countries. New Zealand is no different and like most, has sought to bring drug taking under control. The standard range of strategies has been tried including legislation, enforcement, border control, taxation, public health campaigns and community education. This paper details the approach being taken by D.A.R.E. New Zealand, a distinctly indigenous response characterised by a consultative association between police, schools and the community.

As with any contemporary initiative the development of D.A.R.E. New Zealand has been caught up in changes to the social and political economy of the country. These changes have been particularly sharp in the last decade; a decade characterised by a political shift to the right and a drive to establish a market economy. It is within this historical and economic context that the story of D.A.R.E. New Zealand begins.

Fresh Sources as an Impetus to Educational Consultation

Attempts to involve schools in efforts to reduce the social cost of legal drugs, like alcohol, go back more than 100 years. The temperance and prohibition movements were already flourishing before the end of the nineteenth century and continued into this century to influence what was taught in state schools. The momentum of this movement seems to have subsided in the 1930's with the Great Depression and the syllabus for health education issued after the Second World War, reflected a more tolerant emphasis on moderation and a more holistic view of physical well being.

Still, a new impetus lay over the horizon. For the last quarter century, New Zealand has been caught up in the international concern about the misuse of alcohol, tobacco smoking and a wider range of illegal drug substances. The association of drugs, particularly alcohol, with increasing family disharmony and violence has heightened this concern.

New Zealand has also progressively liberalised its laws relating to the sale of alcoholic drinks. The result has been a civilising revolution in the availability of liquor, patterns of use, range of beverages available and levels of consumption. In 1978 total alcohol consumption peaked and since then has steadily declined.

However, the drinking and substance abuse by young people has continued to attract widespread attention. Although in part due to illegal aspects such as under-age drinking or gang activity, it has been related more to concerns about the vulnerability of young people. It is now recognised that the dynamics of family life, and the risk-taking exploratory experiences of the teen years, are critical in shaping the attitudes and habits that adults bring to the use of alcohol and other drugs. The strengthening of an individual's capacity for wise personal choices, self-reliance, and

CG028317

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
O. SANDERS
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

resisting pressures to use, are now widely advocated as ways to reduce the social problems that can arise from the misuse of alcohol and drugs.

Programmes with such objectives have become steadily more focussed in New Zealand since the mid-1970s. In 1976 the Government enacted the Misuse of Drugs Act and set up the body now know as the Alcohol Advisory Council following the recommendations of a Royal Commission into the Sale of Liquor. In 1975, the Department of Education undertook a comprehensive baseline survey of state secondary schools that included a review of social problems. It was found that smoking and drinking alcohol were serious problems in more than a third of schools. A handful had problems with cannabis use but no school identified other illegal drugs as being a major problem at that time (Department of Education 1981).

However, forewarned, the Department of Education moved to review the experience of other western countries and then began producing materials to use in schools, with parents and in other government agencies. A Drug Consultative Group, formed to do this, established a pattern of regular consultation between government departments, universities and the major foundations promoting research on health and education. Its efforts were directed towards a Health Education Resources Project (HERP) which introduced many new ideas into the health education curricula, including in 1980, a comprehensive alcohol education kit for schools.

The Problem of Direct Transplants

A fresh initiative came from consultation with representatives of the service club movement. Rotarians in the Auckland City West Club had become aware of the launching of the American D.A.R.E. programme in California. With financial help from these Rotarians, three New Zealand police members were invited to visit Los Angeles to complete D.A.R.E. training. All had been involved in designing and implementing education programmes at least as complex as D.A.R.E.

On returning from Los Angeles, a new reality presented itself. Reactions to D.A.R.E. varied from enthusiastic support to downright rejection. Three social contexts governed this response.

(a) The School System

Over the past half-century, with the fading of a colonial past, the cultural and social values of New Zealanders have steadily become more influential on what happens in the nation's schools. The impact is seen in teaching styles, in the design of the curriculum and teaching materials, and in community involvement. This meant that rigorous questioning would accompany any suggestion that teaching materials or strategies produced in another country could be transplanted easily to New Zealand.

Through the 1970's and into the 80's consultative committees, curriculum developers and teachers' organisations had all worked conscientiously to revitalise the country's health curriculum for schools. Their recommendations attracted much favourable comment, internationally as well as within New Zealand. Not surprisingly, these advocates of the 'new' health were wary of proposals to introduce into schools a teaching package imported without modification from D.A.R.E. America.

In addition, this professional caution was strongly reinforced by the political climate that had accompanied the evolution of the new health curriculum (1985). The battle with conservatives, fundamentalists and with parent groups troubled by sex education and much more, had been exhausting, and the effort to convince teachers to give health education a more prominent role in schools was far from won. The idea of bringing police officers into classrooms to teach drug and alcohol education was bound to be controversial. The debate attracting both ideological and industrial arguments. Teachers were said to be the 'best' persons to teach drug and alcohol education and the presence of police officers working in classrooms was seen as "de-skilling" teachers.

(b) An Evolving Police Culture

At the same time, policing in New Zealand was changing. Community orientated policing (COP) and problem oriented policing (POP) began to influence the strategic direction of police. In part, these changes reflected contact with American policing developments but economic reforms added an impetus when government changed from the bulk funding of police to funding specific outputs. Political will, a reflection of the high esteem the community places on its police, decreed that these outputs included pro-active community policing.

Another new development to emerge was the Youth Education Service of Police. Since the 1930s, schools had been welcoming uniformed traffic officers into their classrooms to assist with road safety education. Now, from the late 1970s, sworn police constables began training at the then Hamilton Teachers College so they could collaborate with teachers in implementing a law related education curriculum (3rd edition, 1996), written jointly by the Department of Education and the Police.

Requests from schools for police assistance with problems of alcohol and drug education grew significantly during the early 80's. It was a new experience for police, and managers soon began to ponder on how they might best respond. D.A.R.E. was but one of a number of alternatives considered.

(c) A Dynamic Indigenous Culture

A wider movement was also gathering momentum in New Zealand to redress the injustices meted out to Maori during the 19th century. As part of this, New Zealand schools were being asked to make what they taught more culturally appropriate. Much of this emphasis was defined in terms of bicultural responsibilities under the Treaty of Waitangi. An American D.A.R.E. curriculum was unlikely to be seen as biculturally appropriate. Consultation needed to be established with Maori about how Police might assist Maori students with drug education.

Revolutions in the 80's. Serendipity Helps

In 1988, in response to these pressures, police established a consultative committee of interested parties to guide the development of D.A.R.E. in New Zealand.

Because of the number of factions and views represented, the year-long consultative process proved difficult. Doubt was raised by some that any school based drug education could work. Perhaps the New Zealand police was wasting time trying. Another view stressed the need for strong community support to reinforce anything done in schools. This led to the network of local D.A.R.E. societies now established around New Zealand. Other views opposed calling the

initiative D.A.R.E. or involving police in teaching. The concerns the Education Department had about having police officers in the classroom were eased by the decision to teach D.A.R.E. in a partnership with teachers. Business people on the committee were bemused by what they saw as education preciousness. They wanted to get D.A.R.E. into schools without delay.

In the end, if D.A.R.E. was to be suitable for New Zealand schools, an indigenous programme needed to be produced. This became *Dare to make a Choice*, the first New Zealand D.A.R.E. programme. There was still a strong desire within police to maintain links with D.A.R.E. internationally, so when in 1990, D.A.R.E. America approved the New Zealand curriculum as being able to be called D.A.R.E., the decision was greeted with relief.

Consultation with the wider community was strengthened that same year when the West Auckland City Rotarians established the D.A.R.E. Foundation of New Zealand, a charitable trust set up to promote D.A.R.E. in the community. The first of the present fifty local support societies was established soon afterwards.

Then, quite suddenly, it seemed as if fate intervened and cleared the way for D.A.R.E.

In the late 1980s economic booms and busts and sharply disruptive changes marked every field of government policy in New Zealand. A tightly regulated financial sector was being transformed into one of the most free in the western world. And, as part of this bold effort to forge a new and very different society, the nation's education system was decentralised. National administrative agencies, curriculum units, regional education boards and advisory services, all of which would formerly have mediated the introduction of new programmes like D.A.R.E., were suddenly swept away. Decisions about which drug education programme a school might choose became the responsibility of individual schools, a change that favoured D.A.R.E. The overwhelming evidence from schools was that they welcomed police education officers into their classrooms and enjoyed working with them.

Consultative Processes Illustrated

(a) The End Products So Far Achieved

Currently (1997), six national D.A.R.E. programmes have been released.

- The classroom programmes are; *Dare to make a Choice* for pre-users, its reinforcement *The D.A.R.E. Report*, *Tena Kowhiria* in the Maori language and *Dare to Drive to Survive* about alcohol and driving.
- The community programmes are; *Dare to Support Your Kids* for parents and *Dare to Make Change* for youngsters already in trouble.

Numbers of participants for the year ending 30 June 1997 are as follows:

Dare to make a Choice	25,736
Tena Kowhiria	410
Dare to Drive to Survive	4,952
Dare to Make Change	1,350

(b) Consultative Style With Maori

Tena Kowhiria became a groundbreaking development that involved a special consultative process with Maori people. D.A.R.E. was advised that it should not try to produce a national drug education programme in Maori but instead should invite one iwi to write it. The Tainui iwi was asked, accepted, and the text of *Tena Kowhiria* (literally, 'that's the choice') began development at Rakaumanga Kura. The Kura consulted widely within its own community and with Waikato University. Language difficulties were referred to the Maori Language Commission. At a hui hosted by Tainui in 1995, the draft text of *Tena Kowhiria* was handed to D.A.R.E., along with a wero (challenge) to return with the completed programme. The wero was accepted by D.A.R.E. and at the 1996 Telecom-D.A.R.E. Conference, the first published copy was handed back to its writer, Wiha Malcolm. The resulting Maori text is not a straight translation of *Dare to make a Choice* but rather reflects Maori tikanga.

The process for consulting other iwi has now begun. A hui is arranged with the kamatua and korero takes place about whether or not to adopt the programme. So far, *Tena Kowhiria* has met with a positive response but it presents police with another challenge. Although there has been an affirmative action policy to recruit Maori, police struggle to find enough officers fluent in Maori to continue the partnership that is present in *Choice*.

(c) Consulting Students and Interactive Teaching Styles

The 1985 health syllabus introduced a fresh set of interactive teaching styles to New Zealand classrooms that are reflected in *Dare to make a Choice*. These styles mean that the programme is:

Consultative. A feature of *Dare to make a Choice* is that it consults with its consumers, the students, and involves them in deciding the content they will undertake. Even in the area of deciding what drug information is needed, the decisions are theirs.

Participatory and non-judgemental. Teachers and police education officers shed their traditional authoritarian roles and take part in activities with youngsters that are designed to help everyone feel comfortable working interactively in the class. A memorandum is agreed to on how information about illegal drug use will be handled in the classroom.

Relevant. Efforts are made to make sure the students see the relevance of what they are learning to their everyday lives. An interactive activity encourages them to contribute difficulties they have making decisions. The teacher and police education officer then use this information as part of planning.

Self esteem building. Youngsters prepare an 'unfolding story' that details special things about themselves. An affirmation chart is sent home for parents to complete. The impact of this simple activity has been amazing. Parents admit that they have never before told their children how much they think of them and youngsters positively beam with pride at receiving parent affirmation.

Focussed on decision making. After clarifying the contexts in their lives where decisions need to be made, a "steps in decision making" model is learnt and applied to a variety of contexts, including some about the use of alcohol and drugs.

Assertive. Video vignettes and role-plays are used to teach students how to respond assertively to requests asking them to do something they do not want to do.

Designed to help manage hassles. Students devise strategies to manage their hassles in ways which make them feel affirmed, a context influenced by the self-esteem work of Bednar, Wells and Peterson (1995). They discover where they can go for help.
Goal setting. Students learn to set realistic and positive short and long term goals. A class goal is set first and then individual goals follow. Goal contracts are signed with other class members or parents. Students meet older peers and adults who have achieved by setting themselves goals.
Empowering. In the last section, students focus on the question, "Am I prepared to make sensible choices about drugs when I need to?" A culmination is held and students make a presentation about the use of drug substances to parents, teachers and the community. Adults are invited to contribute in support of the students or from their own experience of drug and alcohol use. Students have the opportunity to try a new drug free leisure activity.

Both the teacher and police education officer use these teaching strategies, sometimes by themselves and sometimes together.

(d) Consultation With Tertiary Institutions - Evaluating the *Dare to make a Choice* Programme

A feature of *Dare to make a Choice*, somewhat unique for drug education in New Zealand, is that formative, process and outcome evaluation have been part of the development from the start.

Trials of the first draft were held in a number of schools and evaluated by the Auckland College of Education and, more extensively, by Massey University. The Auckland study by McQueen (1990), commented favourably on the potential for *Dare to make a Choice* to be implemented in consultation with local communities so the ownership was seen as being shared and not just with police. McQueen also noted that, *Police (education) officer involvement is effective and seen as desirable by teachers and principals* (p.9-10).

The Massey University study extended over five phases of evaluation, 1989-1993. In Phase 1 (1989), Dr Eric Ashcroft subjected the New Zealand draft curriculum to a Measurement of Learning Potential Matrix, with very positive results. Phase 2 (1989) consisted of field trials and pre and post evaluations and Phase 3 (1991) an evaluation of a revised curriculum. *Dare to make a Choice* was then published.

Phases 4 (1992) and 5 (1993) set out to evaluate the impact the programme seemed to be having in the families of youngsters taking part. The Massey team noted the positive impact it was having in homes and commented on the ripple effect from the school into the community. They considered this to be a distinctive feature of *Choice*.

During 1994, an evaluation was conducted under the direction of Dr Stephen Rollin from The Florida State University. Statistically significant differences indicated that the D.A.R.E. group experienced more positive feelings about their intellectual abilities and school status and experienced less anxiety and somatic indicators of stress.

A common experience with *Dare to make a Choice* has been the number of anecdotes, stories, and experiences from the community that indicate the positive effects it is having. Since 1995, an effort has been made to collect these anecdotes and systematically analyse them (Perniski 1996). Of the first 166 positive anecdotes collected, 39.6% indicated behaviour change, 10.7%

knowledge change and 5.9% attitude change. The collection of anecdotes has now been extended to other D.A.R.E. programmes.

(e) Welcoming International Scrutiny

As a small and isolated nation, New Zealand has benefited for many years from the visits of academic colleagues (see Renwick 1989). Not surprisingly, D.A.R.E. has benefited in this way as well and continues to welcome international scrutiny. Dr Stephen Rollin from Florida State University has already been noted. Professor Freda Briggs from the University of South Australia has this year evaluated the two community D.A.R.E. programmes, *Dare to Support Your Kids* and *Dare to Make Change* (1997). *Dare to Make Change* is based on a fable story by American educational counsellor Ron Phillips but, like all the other D.A.R.E. programmes, it has been written in New Zealand.

The D.A.R.E. Foundation of New Zealand is committed to developing D.A.R.E. within the context of what is happening in the international community. For the last three years D.A.R.E. has been able to exchange with colleagues in the United States of America.

(f) Sharing the Vision: Empowering Parents and Local Communities

A key feature of D.A.R.E. in New Zealand is the extent to which the parent and wider community become involved in and committed to D.A.R.E. Indeed, so successful has this been that it has enabled evaluators to identify the positive effects radiating out from the classroom, to schools, to families and into the community. The Massey University evaluations of *Dare to make a Choice* found that, ninety percent of parents said that the programme was discussed at home, sixty per cent discussed it with friends, neighbours, relatives and work colleagues, about half noticed beneficial changes in their children, and one in six reported changes in their own attitude (1989-93). Ian Livingstone, a former Director of the New Zealand Council for Educational Research, summarised research on this feature by noting that *Choice* resulted in parents being thoroughly supportive with consistent reporting of positive attitude and behaviour changes and other beneficial effects in New Zealand homes (1997).

Everywhere D.A.R.E. programmes are taught a community support society is established. Part of the function of these societies is to raise money for the operation of D.A.R.E. programmes. They are also responsible for running *Dare to Support Your Kids* for parents and *Dare to Make Change* for youngsters already in trouble. Support societies become involved in a host of local community activities and events in support of D.A.R.E.

(g) Partnerships Between Teachers and Police Education Officers

In practice, teaching the classroom D.A.R.E. programmes in a partnership between teachers and police education officers has proved highly successful. The bond that develops between them is often so strong, genuine loss is felt when it ends. Students also react positively, enjoying working with their police education officer as well as their teacher. Ian Livingstone (1997) noted that the collaboration of teachers and police education officers improved the effectiveness and professionalism of both.

Conclusion

The prime objective, to adapt the D.A.R.E. idea skilfully to the culture of policing in New Zealand and to the pedagogical climate of schools, has now been achieved. Few could have

foreseen that D.A.R.E. would become the major drug education programme in the country drawing from public funds and that 140 police education officers would be involved in its delivery. Nor might they have realised that this input from the police budget to provide police education officers would be matched by equally significant non government funding by the D.A.R.E. Foundation to provide for teaching materials, programme development, community participation, research, administration and promotion.

The successful implementation of D.A.R.E. in New Zealand owes much to the ability of its developers to catch the spirit of the times. Some of this was planned but some came when chance opportunities were seized. For the reasons outlined in this paper, New Zealand has developed D.A.R.E. in different ways to D.A.R.E. America, but the debt owed to D.A.R.E. America is freely acknowledged.

Within the resource base available to it, D.A.R.E. New Zealand has made a strong commitment to excellence. Research and evaluation are key factors here as is the opportunity to interact with the international drug education community. This gives a small remote country like New Zealand the opportunity to test what it is doing against the best that can be found overseas.

Bibliography

The assistance of John Watson, Director Emeritus of the New Zealand Council of Educational Research, is acknowledged with thanks.

Bedner, R.L., Wells, M.G., & Peterson, S.R. (1995) *Self Esteem. Paradoxes and Innovations in Clinical Theory and Practice*. Washington: American Psychological Association.

Department of Education. (1981) *State Secondary Schools in New Zealand. A Base Line Survey*. Wellington.

Harper, C.B.J., & Ashcroft, E.R. (1989-1993) *Evaluations of Dare to make a Choice*. Phases 1 -5. Palmerston North: Massey University.

Livingstone, I.D. (1997) *Dare to Scrutinise. An evaluation of the Dare to make a Choice drug education programme*. Wellington: ***set*** two 1997, New Zealand Council for Educational Research.

McQueen, P. (1990) *Report on the law-related education programme, Choice*. Auckland: Auckland College of Education.

New Zealand Department of Education (1985). *Health Education in Primary and Secondary schools*. Wellington: Ministry of Education.

New Zealand Ministry of Education (1993) *The New Zealand Curriculum Framework*. Wellington: Learning Media Ltd.

New Zealand Police (1996) *YES Curriculum Guidelines*. Wellington.

Renwick, W.L. (1989) *The Further Off From England. The Impact of American Ideas on New Zealand's Educational Police, Practice and Thinking*. Wellington: NZ-US Educational Foundation/New Zealand Council for Educational Research.

Rollin, S.A. (1994) *Results of Dare to make a Choice Evaluation*. Report to New Zealand Police. Tallahassee: Florida State University.

Perniski, L. (1996) *Dare to make a Choice: Research Project*. Wellington: Report to the D.A.R.E. Foundation of New Zealand.